

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-020493

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4931

STATE FILE NUMBER

1. ~~FILED~~ MAY 23 1962
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. LouisLength of stay in 1b
1 Mo 10 daysc. CITY OR TOWN
Jefferson CityInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR St. Louis- Little Rock
INSTITUTION Hospitals, Inc.Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
1108 Walsh StReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Hearl

Middle

Last

Heflin

4. DATE OF DEATH

Month

Day

Year

May

13

1962

5. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
1-10-18969. AGE (last birthday)
66IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Locomotive Engineer10b. KIND OF BUSINESS OR INDUSTRY
Railroad11. BIRTHPLACE (City and state or country)
Graves County, Kentucky.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Arthur Heflin

13b. MOTHER'S MAIDEN NAME

Betty Ford

14. NAME OF HUSBAND OR WIFE

Wife- Zora

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No.

Nil.

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

O. C. Heflin, Jefferson City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial infarction, acute

INTERVAL BETWEEN
ONSET AND DEATH

7 weeks

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Myocardial infarction (old) 1959

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

April 3, 1962

to May 13-62

and last saw him alive on

May 12, 1962

Death occurred at

5.45 A.M.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

1755 So Grand Blvd

22c. DATE SIGNED

5/13/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

5-16-62

23c. NAME OF CEMETERY OR CREMATORY

Maple Lawn Cemetery

23d. LOCATION (City, town, or county)

Paducah, Kentucky.

24. FUNERAL DIRECTOR

ADDRESS

Freeman Mortuary, Jefferson City, Mo.

25. DATE RECD. BY LOCAL REG.

MAY 15 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

VS 300
Rev. 4/59

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VS MAY 2 5 1962

VS MAY 2 4 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harry E. Monroe

Licensed Embalmer No. 4495

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.